N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

LARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Worsesler Village or City Snow Hill	Registration Dist. No. 35/
Length of residence in city of town where death occurred yrs 3 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
(a) Residence: No. 29/0 Parks wood as	LSt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR OLVORCED write the word)	21. DATE OF DEATH Self (Oay) 1935 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Toseph Cellender Mark 25 1567	22. OI HEREBY CERTIFO That Lettended deceased from 1933, to 122, 1983
7. AGE Years Months Oays If LESS than I day	to heve occurred on the date stated above, at Social m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cufficeolyn & fra fra Dealeler Octo of onset
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased last worked et 11. Total time (years)	Was called in to see hi to about dalis as family on A was ill
this occupation (month end spent in this occupation 12, BIRTHPLACE (city or town) West Vivairual	Other Contributory Causes of importance:
(State or country)	dition from the time Quan
13. NAME SLO M. Klay 14. BIRTHPLACE (city or town) yest Ningipria	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Want know	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Wont know 16. BIRTHPLACE (city or town) Long know	Accident, sulcide, or homicide?
17. INFORMANT Graw W. Gardary (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Plec Wood Surfamily on one Jelf p. 1933	Manner of injury
19. UNOERTAKER CAddiess)	24. Wes disease or injury in any way related to occupation of deceased? 20
20. FILEO 2/3 , 1933 & Ekoy Sueeth Registrar.	(Signed) Paul Sone Fill M. D. (Address) Show Hills ML
If more blanks are weded, address State Registrar	2411 N. Charles Street Baltimore Requesting 9) S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioscletosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NAD 4 1933				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			H	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02141
d st	1. PLACE OF DEATH County War custur	Bla BLE
should		Registration Dist. No. 355
0	/ (H	death occurred in a hospital or institution, give its NAME instead of street end number)
INS	Length of residence in city or them where death occurred	den How long th U.S. it of foreign hirlh?yrsmosds.
YSICIANS	2. FULL NAME Salle M. / Salle	regularie
Sta	(a) Residence: No. (Usual place of abode)	USt., Ward. If nonresident give city or town and State
act act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ed. Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
assified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John 7. H. Brillinghow	22. I HEREBY CERTIFY. That I attended deceased from 2 - 8 1933 to date I death 19
y cl	6. DATE OF BIRTH (month, day, and year) NAV. 33 18946	t last saw h.e. alive on 2 -/8
properly certificate	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the dale stated above, at!!4.9Am.
erti		The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
Jo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bernehi frummania 2.4.33
back	9 Industry or business in which work was done, as STILK MILL, SAW MILL, BANK, etc	Pt L 's las cost to
Оп	- i and double the time and a spent in time	Patient accidentally fell down steps.
OIIS	year) occupation	Other Ceutributery Causes of importance:
חרני	12. BIRTHPLACE (city or town) (State or country) Maryland	Inschurit st Sommer 2.2.3.
instructions	13. NAME Garnes Lewis	Jangan va Jenier C. L. Z. J.
	14. BIRTHPLACE (city or lown) Manyland (State or country)	Name of operation Date of What test confirmed diagnosis? Classical Was there an autopsy?
nt.	15. MAIDEN NAME UNMYOUR	23. If death was due to external causes (VIDLENCE) fill in also the following:
27.00	0 16. BIRTHPLACE (city or towo)	Accident, sulcide, or homicide? Pacident Date of injury 19
rymportan	17. INFORMANT Della Britingham (Address) 2001 ma No. 14	Where did injury occur?
N IS VEL	18. BURIAL, CREMATION, OR REMOVAL Piace Summers Column Date 4 15. 14., 1833	Manner of injury accordental fall, down stape. Nature of injury Frantised formers
1011	19. UNDERTAKER M. Parha Walsm. (Address) Libertill Del.	24. Was disease or thjury in any way related to occupation of deceased?
	as the same	(Signed) hand Lines M. D.

Hegistrar.

(Address) - Willards

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	\$	1015	Attack of epilepsy	1 week ago	
Chronie interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Ellin Control	July 5, 1927	Peritonitis	3 days ago	
	BULTAU V. C.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				10.	

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY PHYSICIAN
This patient fell down steps more laise to	where the date of
her bleath and fractured her right femous,	Tors days helake
feath she developed preumanile.	

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.-WRITE PLAINLY,

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V. S. No. 1

certificate.

See instructions on back of

TION is very important.

20. FILEO ...

of OCCUPA-

Exact statement

STATE OF MARYLAND	-CERTIFICATE OF DEATH 02142
1. PLACE OF DEATH	
County Worrestes	Registration Dist. No. 3-3
	7d No. St., Ward
Length of rasidence in city or town whare death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foraign birth?yrs
2. FULL NAME Boby Collick	J. S
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Single Single	21. DATE OF DEATH 4-6-10-11, 193 (Year)
ia. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) 4 6 -10 -1933	1 last saw h
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oato decaased last worked at this occupation (month and year)	No Soclor us ah- leedance Sead born - so says midwife
(State or country)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) Near Birdle Inex Md. (State or country)	Nama of operation Date of
15. MAIOEN NAME Sarah Manuel 16. BIRTHPLACE (city or town) Stackton and (State or country)	What tast confirmed diagnosis?
17. INFORMANT Schonia C. Fry ell (Address) Succeptible mar	(Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
Place Johnson Med Oate Tel 10 , 19 33	Manner of injury
9. UNDERTAKER SUDTAL COLLIER,	24. Was disease or injury In any way related to occupation of decpased?

Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.	,			
Other contributory causes of importance:	L	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			mark Pa	

-	in
NA.	Jo
(III)	item

PHYSICIANS should state Exact statement of OCCUPA. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. properly classified. JARGIN RESERVED FOR BINDING certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be TION is very important. See instructions on back of mation should be carefully supplied.

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V. S. No. 1

1. PLACE OF DEATH		(ja)	
County Warrester		Registration Dist. No. 3	55
Village or City 150 / Burli	in Ind,	No. St.,	TEWar
Length of residence in city or town where death			
2. FULL NAME Of this	a Cashi		word
(a) Residence: No.		St., Ward.	orlw
DEDGOVAL AND GENERALIS	(Usual place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	1 State
PERSONAL AND STATISTICAL SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Hemsle white	OR DIVORCED (write tha word)	F. J. J. (Month) (Day)	, 193 3 (Yaar)
a. If married, widowed, or divorced HUSBAND of	(1.	22. A I HEREBY CERTIFY. That I attended	decassed from
(or) WIFE of Henry C.	Lealber	Jan 1833 to Feb 18	1000
. DATE OF BIRTH (month, day, and Jear)	27. 1871	I last saw her aliva on Fab 10 , 19 8	; death is s
. AGE Years 10 Months	Days If LESS than	to have occurred on the data steled ebove, at 12 Pm.	.) lo
62 11	/8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	Date Gland
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		I promie Interest to hep	Actord :
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	usewirk		11.10.
this occupation (month and	11. Total time (years) spent in this occupation		
n y		Other Coutributory Causes of importance:	of it
2. BIRTHPLACE (city or town) (Stata or country)		1	Chr.
13. NAME JASON M. 14. BIRTHPLACE (city or town)	sell	H.	Ceru
14. BIRTHPLACE (city or town)	y,	Name of operation Date of	
(State or country)		What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Emma	Werney	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following	Oth :gr
16. BIRTHPLACE (city or town)	many	Accident, sulcide, or homicide?Date of injury	e1,
(State or country)		Whare did Injury occur? (Specify city or town, county and Str	
17. INFORMANT John 6 as	bur mid	Specify whether injory occurred in IMDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMOTION, OR REMOVAL	Data Het, 18, 1936	Mannar of injury	
19. UNDERTAKER 1. W. Bish (Addiass) 13 Min	hage prof.	24. Was disease er injury in any way related to occupation of deceased?	no
20. FILED 2 - 46 , 1939 THELE	A. Hayward. Registrar.	(Signed) (Address) Bulne and	M

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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAK SE	July 5,1927	Peritonitis	3 days ago	
	RUKELU V. W.	1			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state MARGIN RESERVED FOR BINDING

V. S. No. 1

Exact statement of OCCUPA.

properly classified.

CAUSE OF DEATH in plain terms, so that it may

1. PL	ACE OF DE		/I MAIN	ILAND	CERTIFICATE OF DEATH 02144
County Worcester					Registration Dist. No.
Village or City Pocomoke City					No. R. F. D. # 2 St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
					f death occurred in a horpitel or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign blith?yrs
2. FULL NAME Charles Elliott Cumber					St., Ward.
(a) Residence: No. (Usual place of abode)					If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) I arried					21. DATE OF DEATH February 15th, 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosalie Cumber					22. I HEREBY CERTIFY. That I ettended deceesed from
(or)	WIFE of KOS	alle Cum	ber		February 13 1933 to February 15 19 33
6. DATE	OF BIRTH (month.	day, end year \ 2.V	29th.1	854	I last sew him elive on February 14, 19 33 death is seld
7. AGE	Years	Months	Deys	If LESS than	to have occurred on the date stated above, of \$25 A am.
	78	8	17	l dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. T	rade, profession, or	perticuler			Date of onset
	SAWYER, BOOKE ndustry or business	e, as SPINNER PC	ultryma	n	Cerebral Hemorrhage
2	work was done, a SAW MILL, BAN	SSILK MILL.			
10,1		worked at ${\mathbb F}{eb}$.	1933. Totel to spe	time (years) ent in this upetion	
12 PIDTI	IDI ACE /situas tou	m)Roberts	on Coun	it.v	Other Contributory Causes of importance: I know nothing concerning
	State or country)	Kentuc			previous history as I never
	ame Jan	nes Cumbe	r		attended him prior to his
14. B	IRTHPLACE (city or	town) Rober	tson Co	unty	Name of operation paralysis. Date of
(Stele of country) It CIT O COLLY					What test confirmed diegnosis? Wes there en autopsy?
15. M	AIDEN NAME N	aomi Lir	ville		23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
15. M		townRobert	son Cov	unty	Accident, suicide, or homicide? Dete of injury, 19
	(State or country		ucky		Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Charles E. Cumber (Address) Focomoke City, Maryland.					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
		RBaptist o Mary		.16th1933	Manner of Injury
19. UNDE	RTAKER LEN	would	Steve	uson	24. Was disease or Injury In any wey related to occupetion of deceesed? NO
	Address Ocom	oke City	Naryla	nd.	If so, specify
20, FILED	Feb-15	1933 Joh	~ 1/t	itey	(Signed) M. D
				Registrar.	(Address) Loronsong City. Und-

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

				OF MAR	YLAND-	CERTIFICATE OF DEATH	12145			
	1. PLACE O					- 2.	50			
	County Worcester					Registration Dist. No.	······			
	Village or City Pocomoke City					No. 426 Bank St., death occurred in a horpital or institution, give its NAME instead of street and	Ward			
	Length of residence in city or town whare death occurredyrsmos									
1	2. FULL NAME Lula M. Dickinson									
	(a) Resider	ice: No:	436 Ban	k St.		St., Ward.				
-	(Usual place of abode)					If nonresident give city or town and	State			
-	SEX		D STATIST	1		MEDICAL CERTIFICATE OF DEATH				
	emale		olored	OR DIYORCE	RRIED, WIDOWED, D (write the word) Pied	21. DATE OF DEATH Pocomoke City February 27th (Month) (Day)	, 1933 . (Year)			
5a	. If married, widow HUSBAND of	ved, or div	orced							
	(or) WIFE of)	ugus	tusDick	inson		TANUARY 30 133 1 FE 27	peceasad from			
	DATE OF BIRTH	(month de	v and year) Tan	ne	1000	Hast saw hER aliva on FEbruary 220 35	* death is said			
_	AGE Yes		Months	Days	If LESS than	to have occurred on the date stated above, al 2 a 15Pm.				
	3	3	8		1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca ware as follows:	Data of onset			
Z	8. Trade, profa	ssion, or p	articular as SPINNER. TT			0-11				
UPATION	9. Industry or		as SPINNER, H	ousewll	<u>e</u>	IEILAGRA	6 MOS			
NP/	work wa	s dona, as	SILK MILL,							
000	10. Date daceas	ad last wo	rked at	spe	time (yaars) ent In this					
-	year)				upation	Other Contributary Causes of Importance:				
12	. BIRTHPLACE (c									
ER	13. NAME		n Tull	ryland		ENTERITION MALNUTRITION	7 16.0			
E				ant an C	Yannahar		1000			
FATH	14. BIRTHPLACI	E (city or to r country)		ester (Name of operation				
2	15. MAIDEN NA					What test confirmed diagnosis? Was there an				
MOTHER			More	ester (County	23. If death was due to external causas (VIOLENCE) fill in also the following				
MOM	16. BIRTHPLACI	t (city or to r country)	own)	ryland		Accidant, sulcide, or homicide? Data of injury Whera did injury occur?	, 19			
						(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	le)			
17. INFORMANT AUGUSTUS R. Dickinson (Address) Pocomoke City, Maryland.					land.	opening military occurred in the boater, in frome, of introductor re	AUL.			
18	18 BURNAL CREMATION OR MEMOVAL					Manner of injury				
	Place Poc	omok	e City.	familiar.	lst,19.33	Nature of injury				
10	. UNDERTAKER	en	oul &	Ture	ison	24. Was disease or injury in any way related to occupation of deceased?	4			
			oke Cit	y Maryl	and.	If so, spacify	~~~~~~~~~			
20	FILED Fel.	28	1933 2	me 7	Teley	(Signad) C-LFE / ALC				
-	Rogistrar.					(Address) POCOMOKE C. ty N	(9			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

'Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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li.	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Village or City. No. Village or City. No. No. (If death occurred in a hospital or similusion, give in NAME intread of street and suesbery) Leagth of residence in city or town where death occurred 44 yrs. 2. FULL NAME. SAME STANDARY DAVIDS (a) Residence: No. (Unfil place of abody) SS. (A) COUGE OR RACE OR DIVORCED Comment OR DIVOR	SIAIE OF MARYLAND-	CERTIFICATE OF DEATH
Langth of rosidence in city or town where doath occurred 14 yrs 2mos ds. How long in U. S. N of foreign birth? yrs mos. ds. 2. FULL NAME SLAMBURY SULLAND STATISTICAL PARTICULE (a) Residence: No. (Undisplace of shoot) PERSONAL AND STATISTICAL PARTICULE 3. SEX 4. COLOR-OR RACE 5. SINCLE MARRED MONTH OR DIVORCED (STATISTICAL PARTICULE) 5. If married, widowed, or givered House of State of Country (North Or) WIFE OR DIVORCED (STATISTICAL PARTICULE) 5. If married, widowed, or givered House of State of Country (North Or) WIFE OR DIVORCED (STATISTICAL PARTICULE) 5. If married, widowed, or givered House of State of Country (North Or) WIFE OR DIVORCED (STATISTICAL PARTICULE) 5. If married, widowed, or givered House of Divorced (Month) (North Or) WIFE OR DIVORCED (STATISTICAL PARTICULE) 5. If married, widowed, or givered OR DIVORCED (STATISTICAL PARTICULE) 5. If married, widowed, or givered OR DIVORCED (STATISTICAL PARTICULE) 5. If married, widowed, or givered OR DIVORCED (STATISTICAL PARTICULE) 5. If married, widowed, or givered OR DIVORCED (STATISTICAL PARTICULE) 5. If married, widowed, or givered OR DIVORCED (STATISTICAL PARTICULE) 5. If married, widowed, or givered OR DIVORCED (STATISTICAL PARTICULE) 6. DATE OF BIRTH (month, day, end year) NOV 23 - 1872 11 Interest of the general Action of the date stated above, at Comment of the date stated above, at Comment of the state	County Warerstyr	Registration Dist. No. 355
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Example I		Example II		
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
V				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state INLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. E. BINDING TION is very important. See instructions on back of certificate. FOR MARGIN RESERVED -WRITE PLA

V. S. No. 1 B. of OCCUPA.

Length of residence in city or town whole dasth occurred	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City, Poromo Re (If death occurred in a horpisal or institution, give is NAME instead of street and number) Length of residence in city or toyn whyly death occurred. (a) Residence: No. (b) How long in U.S. it of foreign birth? (b) How long in U.S. it of foreign birth? (b) How long in U.S. it of foreign birth? (b) How long in U.S. it of foreign birth? (c) Residence: No. (d) How long in U.S. it of foreign birth? (d) How long in U.S. it of foreign birth? (d) How long in U.S. it of foreign birth? (e) How long in U.S. it of foreign birth? (d) How long in U.S. it of foreign birth? (d) How long in U.S. it of foreign birth? (e) How long in U.S. it of foreign birth? (i) How long in U.S. it of foreign birth? (ii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii) How long in U.S. it of foreign birth? (iii)	1. PLACE OF DEATH	(12147 050
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7. AGE Years Months Days If LESS than I day. http://www.ntm.ntm.ntm.ntm.ntm.ntm.ntm.ntm.ntm.ntm	1 200 11	The J , 19 0 3, to JEL 0 , 19 3 :
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Where did injury occur? (Specify city or town, county and State) 17. INFORMANT Lie Fisher (Address) 4/6 Man St. Ps commer Md 18. BURIAL, CREMATION, OR REMINAL Place Place Place Date Date 19 Nature of Injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? (Address) Accorder Vigina (Signad) (Signad) Mn. D Registrar. (Address) Date Mn. D Registrar. (Address) Date Mn. D Registrar.	16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Date of injury
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(Address) accomme Viginia If so, specify 20. FILED 1 9, 1932 from T Riley (Signad) (Signad) M. D. Registrar. (Address) Landson Kar Cal Teach	Placa Date , 19.3	Nature of Injury
(Addfass) accornac Viginia If so, specify 20. FILED They 8, 1932 from TRiley (Signad) (Signad) M. D. Registrar. (Address) Landson Kar Cal Teach	19. UNDERTAKER 1. Z. Thomas	24. Was diseasa or injury in any way ralated to occupation of deceased?
Registrar, (Address) Donnes Re Cal, Man	(1446-1)	If so, specify
Régistrar. (Address) De Maria Ra Cal Maria	20. FILED Foliay 8 1932 John T Kiley	(Signad) M.D.
		(Address) - Dorman Ka Cal Veal

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10 .- The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
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STATE OF MARTEAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107.27
County le orcealle	Registration Dist. No. 30/
Village or City Anows Hell	No. St. Ward
about (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME COOL Hales	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jemale Le Marned	Month (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Cor WIFE of War Thales	1 HEREBY CERTIFY. That I attended deceased from
	01111 111 112 112 12
6. DATE OF BIRTH (month, day, and year)	I last saw h. C. J. alive on Mulliary 3rd 19 33; death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, a(m,
about 98 - I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8. Trade, profession, or particular	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	17
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (mostle ed.)	Cancho puemuma 2.2-33
SAW MILL, BANK, etc	//
- 1 this observation (months and	
year)occupation	Other Contributory Course of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of County)	What test confirmed diagnosis Innucal Wes there an autopsy? 200
15. MAIDEN NAME SOUTH RECOVERS	23. If death was due to external causes (VIDL ENCE) fill In elso the following:
16. BIRTHPLACE (city er town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT LOWER THales	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Surana Dill Mil	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 17. Just Datalet 6 1933	Neture of Injury
1	5.1
19. UNDERTAKER (Address)	24. Was disease or injury in eny way related to occupation of deceased?
all as a series of the series	If so, specify A
20. FILED 78 , 1933 FECOY Secreth.	(Signed) Frank derry M.D. (Address) Wellards Md.
Registrar.	(Address) - flamma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Man a series			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE O	F MARYLAND-	CERTIFICATE OF DEATH (12149)
1. PLACE OF DEATH	A	97)
County le gree	le	Registration Dist. No. 357
Village or City Description	Hell	No. St., Ward
Length of residence in city or town wheread	100	f death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?yrsmosds
000	eath occurred y yrs,	ds How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME CO	(ding) of 1 a	naison
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 10 15 3
male D	OR DIVORCED (write the word)	(Month) (Day) (Yaar)
55. If marriad, widowed, or divorced IIUSBAND of		22. I HEREBY CERTIFY. That I etleptied deceased from
(or) WIFE of Colina f	Fraders	Jan 6 103 to Lan 6 1933
6. DATE OF BIRTH (month, day, and year)	ly 17 - 1861	1 last saw him alive on a cullo 1933; doath is sale
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et 42 m.
71 /6	26 I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca wera es follows
8. Trade, profession, or particular	diti	Date of onset
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased lest worked et this occupation (month and	Carpenter	arterio sepleroses obout
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		1925
1D. Date decaased lest worked et	11. Total time (years)	
this occupation (month and 192	8. 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	1	Other Coutributory Causes of importance:
(Stata or country)	yland	
13. NAME Ben 1 . /	Fraders	
13. NAME BELL 1.		Name of operation
(State of country)	agland,	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (My er town)	pavio	23. It death wes due to external causes (VIOL ENCE) fill In also the totlowing:
16. BIRTHPLACE (by er town)	· · · · · · · · · · · · · · · · · · ·	Accident, suicida, or homicide? Date of injury
(State or country)	myland	Whera did injury occur?
17. INFORMANT Sliga 1	nderson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL M. C.	Cremotise 1	Manner of injury
Placemon till mo	Date Auch /61933	Netura of Injury
19. UNDERTAKER Hlarne	+ Dennie	24. Was disease or Injury in any way related to occupation of deceased?
(Address)	Hall and.	If so, specify
20. FILED 2/14 , 19 33 \$\mathcal{2}\varepsilon\$	Loy Swith	(Signed) M. D. (Address) Color Hill M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
			1 your

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

352

(Year)

Date of onset

(Dey)

23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Address) ... Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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E	xample I		Example II	
The principal cause of dea of importance were as foll	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 4 1933	July 5,1927	Peritonitis	3 days ago
1	BIFREAU V.	8. 1		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

for authority to change (Menti Dec	Corre pondence
under "Meimford" 171	8/37) - 2:	- Caraca

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Warrester	Registration Dist. No. 332
Village or City 13 ulin Ind.	NoSt.,Ward death occurred in a hospital or institution, give its NAME, instead of street and number)
Length of residence In city or town whara daath occurredyrsmos.	ds How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME James a. Negg	ino
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATHY 28 -, 193 3 (Yaar)
a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
G11 11 1914	
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, at £30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	Shot through heart
kind of work dona, as SPINNER SAWYER, BDDKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and this occu	by another person
year) occupation occupation	Okcidental ; not Romicidal Cusson
2. BIRTHPLACE (city or town) Nelewale (State or country)	College Colleg
13. NAME Challes K. Niggeris	
13. NAME Challes R. Niggliss 14. BIRTHPLACE (city or town). Religious.	Name of operation Data of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maggie Vilghinare 16. BIRTHPLACE (city or town) Welestone (State or country)	23. If daath was due to axternal causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide? Whare did injury occur? (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7. INFORMANT MULLIGATION NIGGINGS (Addrass)	Specify whether injury observed in Product, in Former, of the Former.
18. BURIAL, CREMATION, OR REMOVAL Piaco Williams Jelle Deta Mal 3, 1983	Mannar of injury . That by revolutes Nature of Injury Limited through heads
9. UNDERTAKER J. W. Bulling	24. Was disease or Injury In any way related to occupation of daceased? If so, specify
20. FILED Mars 1983 IV Warming Register.	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep.		1921	Run over by street car	1 week ago
Cerebral hemorrhage	A: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	July 5, 1927	Perilonitis	3 days ago
	EUREAU V.S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	ij	B.f.	UΒ	K'.	\mathbf{T}	H	$\mathbf{E}\mathbf{R}$	ST	A.		1EN	ITS	BY	P	HE	$_{\rm YS}$	Ю	ш	ΑI	N
----------------------------------------------	----	------	----	-----	--------------	---	------------------------	----	----	--	-----	-----	----	---	----	-------------	---	---	----	---

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARY	AND-CERTIFICATE	OF DEATH
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1	69	1	1	0
U	6	Æ	(1)	0

1. PLACE	OF DEATH				(95-7)	
County_	Worcester				Registration Dist. No.	5
	r City Pocomoke				No. R.F.D.#3. St., death occurred in a hospital or institution, give its NAME instead of street and i ds. How tong in U.S. it of foreign birth? yrs. m	ward number)
2. FULL	NAME Cordia	F. Hu	danr			
	dence: No.		ual place of		St., Ward. If nonresident give city or town and	State
PERS	ONAL AND STATE	STICAL F	PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. color or race White	OR D		IED, WIDOWED. (write the word) . ed	21. DATE OF DEATH February 6th. (Month) (Oay)	, 193 3 (Year)
5a. It married, w HUSBAND ((or) WIFE o		Hudso	n		22. I HEREBY CERTIFY, That I attended	
7. AGE	TH (month, day, and year) Years Months 85 7		Oth.	1847. It LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2 QOP_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	_; death is said
9 tndustry work SAW 10. Dato dec	rotession, or particular of work done, as SPINNER, YER, BOOKKEEPER, etcor business in which was done, as SILK MILL, MILL, BANK, etc		I. Total tin	ne (years) ife	Probably, Heart Failure No physician in attendance for several years	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(State or		arylar		y	Other Contributary Canses of Importance: Senile Degeneration	
	Major W.Jor ACE (city or town) Wor		. Cor	ınty	No cororners Inquest Name of operation	
		Powel			What test confirmed diagnosis? Was there an a	
16. BIRTHPL (State	ACE (city or town) WOY e or country) Charles P.	ceste: Mary Hudson	r Co ylan	d.,	23. It death was due to external causes (VIOLENCE) fill in also the tollowing Accident, suicide, or homicide? Oate of Injury O	, 19
18 BURIAL CRE	POCOMORE MATION DR. EMONUME POCOMORE MATION DR. EMONUME POCOMORE POCOMORE MATION DR. EMONUME POCOMORE POCOMORE MATION DR. EMONUME POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE POCOMORE	tary	eb.8	th., 19.33	Manner of Injury	
19 UNDERTAKE	Pocomoke Ci	Ster	rece	nd.	24. Was disease or injury In eny way related to occupation of deceased? If so, specity (Signed) Regist:	rar_m.o.
	0			Registrar.	(Address) Pocomoke City Mary	eu.a

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	02151
1. PLACE OF DEA	TH			<u> </u>	OCIOI
County // O	cesti			Registration Dist. No. 3	14
Village or City	eroll	etre	>md	No.	Word
Length of residence in c	ty or town where o	leath occurred		f death occurred in a horpital or institution, give its NAME instead of street a	nd number)
2. FULL NAME	Lli	00 8	270	askson	-11103
(a) Residence: No.				St., Ward.	
		(Usual place		If nonresident give city or town	and State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	4
Male C	R OR RACE	S. SINGLE, MAR OR DIVORCEI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Oay)	195 (Year)
5a. If married, widowed, or dive HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIFY, That I attend	
6. DATE OF BIRTH (month, da	, and year)	Pelos	-33		
7. AGE Years	Months	Oays	If LESS than	to have occurred on the date stated above, atm.	tee, ocath is said
			ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	10
Trade, profession, or p. kind of work done, SAWYER, BOOKKEE	rticular as SPINNER,		,		Date of enset
A Industry or business in	which	************		11.0101	
work was done, as SAW MILL, BANK,				way-oug	
O Oate deceased last wor this occupation (mo	ked at oth and		me (years) It in this petion		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	S.	00.1	petion	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	0	cen	md,		
I 13. NAME	rea	chow	~		
13. NAME 14. BIRTHPLACE (city or to	wif			Name of operetionOate of	
(State of country)	001	10/1		What test confirmed diagnosis? Was there a	
15. MAIOEN NAME 15. 16. BIRTHPLACE (city or to	cee	go ca	9	23. If death was due to externel couses (VIOL ENCE) fill in also the follow	
16. BIRTHPLACE (city or to	NN)			Accident, suicide, or homicide? Oate of Injury	, 19
46	1. 11	10.0		Where did injury occur? (Specify city or town, county and S	State)
17. INFORMANT (Address)	The state of the s	times	ind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL CREMATION, OR R	MOVAL	. R	27 33	Manner of injury	
Praces /		Oate /	, 19	Nature of Injury	
19. UNOERTAKER (Address)	von	Hill	ma	24. Was diseese or Injury In any way related to occupation of deceased? If so, specify	no
20. FILE Rel 7 G	8 Ha	w/77	rylen	(Signed) Heavy hofayly	1 de
			Registrar.	(Address) flectett n	6
	If more b	lanks are needed, ac	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•=-

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

U	59	1	P.	0
U	4	£	()	~

1. PLA	ACE OF	DEAT	н			92-0	200
Cot	County Worcester					Registration Dist. No.	70
Vill	lage or Cit	v P	ocomok	e City		No. WITHIS COPPOSATS MEITO CO	Ward
		,,				f death occurred in a hospital or institution, give its NAME instead of street one	d number)
Len	igth of resid	ence in city	or town where	deeth occurred	yrs,mos	sds. How long in U.S. if of foreign birth?	mosds.
2. FUI	LL NAN	IE.T	homas	Lawson			
(a)	Residenc	e: No		(Usual place	of abode)	St., Ward. If nonresident give city or town as	nd State
PE	ERSON	AL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	le		or RACE	s. single, mar or divorcei Do not	RIED, WIDOWED. (write the word) know	21. DATE OF DEATH Febuary 18.	, 1933
5a. If merri	ied, widowe			120 1100	RIIO	(Month) (Day)	(Year)
HUSB.	AND of					22. I HEREBY CERTIFY, That I ettende	d deceased from
						, 19, to	, 19
6. DATE O	F BIRTH (n	nonth, dey,	and year) DO	not Kno	Wagag	I last saw h elive on, 19	; death is seld
7. AGE	Year	3	Months	Days	If LESS than	to heve occurred on the date stated above, etm.	
Ab out	6:5				1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
B. Tra	ade, profess	ion, or per	ticular			Valvular heart desease	Data of onset
1D. Da			s SPINNER, ER, etc.	Laborer		Myocadritis Several Y	eard
3. Ind	dustry or b	usiness In v	which LK MILL.				
3 7		done, es SII , BANK, etc				Found dead in bed.	
0 10.00		ation (mont	ed at h end	11. Totel ti	t In this		
	year)			Occu	petion	Dther Coutributory Causes of importance:	
	PLACE (city					Break in compensation	
1	ate or count	ry)		not Know		Dropsy & etc.	2. Mos
13. NA 14. BIR	ME		n	11 11	(Diag, from Dr R. Lee Hall)	
14. BIS	RTHPLACE	city or tow	n)			Name of operation	1
E .	(Stete or c		11	97 PF		What test confirmed diagnosis? Was there are	~~
监 15. MA	IDEN NAM	E	11	11 11		23. If death was due to external ceuses (VIOL ENCE) fill in also the following	
15. MA 16. BIF	RTHPLACE (clty or tow	n)			Accident, sulcide, or homicide? Date of Injury	
2-	(State or		H	N. W.		Where did injury occur?	
			ry Bal	lard ty.Maryl	end	(Specify city or town, county end St Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC P	ate) 'LACE.
18. BURIAL	CREMATI	ON OR RE	MOVAL Ha	lle Hill	Cemetar		
Pocom	oke	City	Maryl	and Febru	art 19.1	Menner of injury	
19. UNDER	TAKER B	alla:	rd Bro	thers		24. Was disease or Injury in any wey related to occupation of deceased?	
			oke C11	y Maryl	and.	If so, specify Part at	
20. FILED	eb.1	9 19	33.	mn / /	recy	(Signed) POROMOKE City Mary	TET M.D.
					Registrar.	(Address) Poromoke City. Mary	Tand.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example I	ļį.	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritie	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RECEIVED	July 5,1927	Peritonitis	3 days ago
	II MAR 3 1993			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones	BUREAU V. S.	May 1,1923	Gastroenteritis	1 year :
	}			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar.

(Signed)

Date of onset

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I	100 25 13 1	Example II	
Example I The principal cause of death and related ca of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis , MAR 1	1915.	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	- 7921	Run over by street car	1 week ago
Cerebral hemorrhage		Peritonitis	3 days ago
No. of the last of	ti singua di mare		
Other contributory causes of importance:		Other contributory causes of importance:	ME II
Gallstones	May 1,1923	Gastroenteritis	1 yeor

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	A	V
----------------------------------------------------	---	---

AGE should be

should state of OCCUPA. item of infor-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

. 10	60	1	p	9	
U	4	I	5	4	

1. PLACE OF DEATH	948
County Warcester	Registration Dist. No. 353
Village or City Showelf	No. St Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
0. 0. 0 h	J. J
2. FULL NAME \ narles \ / Nu	njoia
(a) Residence: No. (Usual place of abode)	/ St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of While Al. Munifold	22.2 - HEREBY CERTIFY. That I attended deceesed from
6. DATE OF BIRTH (month, dey, and year) July 7-18/7	I lest saw h
7. AGE Yeers Months Deys If LESS than 1 day,hr.	to have occurred on the data stated above, et 3. G. m.
65 6 29 ormin.	were as follows:
8. Trada, profession, or petiticular kind of work done, as SPINNER. SAWYER, BOOKKEPER, atc Petitle	Coronary unbolism
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data decaasad last worked at this coveration (years) this coveration (morth and	
SAW MILL, BANK, atc	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town).	Other Cantributory Causes of Importance:
(State or country) Welsware thanks	
13. NAME John L Muniford 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country) Netawarea	Whet tast confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to extarnel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
1 0000	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT ANOLO CHILLO (Addrass) Showells n. 19	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL O THE TOTAL	Mannar of Injury
Piece / Stationary 11 Date 514 7 , 19 3	Natura of injury
19. UNDERTAKER O. W. Walson	24. Was disease or injury in any way related to occupation of dacaesed?
(Addiess) Sollyville Dolo	If so, specify
20. FILED 2), 19.53 & 3 TUDO	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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l,	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
\		
1	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.-WRITE PLAINLY,

ż

of OCCUPA-

Exact statement

6.	i,	1	-	1
U	4	1	U	8

	1. PLACE OF DEATH	48	00					
	County Warcister	Registration Dist, No. 355	-					
ate.	Village or City Berlin	No.	Ward					
	(If death occurred in a hospital or institution, give its NAME instead of sirect and number) Length of residance in city or town where death occurredyrsds. How long in U.S. if of foreign birth?yrsds.							
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State						
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH						
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR D. VORCED ("awrites the word) What Se. If merried, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yac	er)					
	HUSBAND of Cor) WIFE of Herbert B. Pawell	1 HEREBY CERTIFY, That I attended deceased from						
	6. DATE OF BIRTH (month, day, and yeer) Will 3, 18 7 8	I lest sew h 27 alive on 72 2 3 , 1933; deeth	is sald					
certificate	1 dayhrs.	to heve occurred on the deta steted above, atm. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance						
cert	8 Trade profession or particular	wera as follows:	enset					
Jo	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceesed lest worked at this occupation (months and in Company).	Muste Miller diti	1					
back	9. Industry or business in which work was done as SII K MIII	The state of the s	-93-					
ps 1	work was done, as SILK MILL, SAW MILL, BANK, etc							
no s	10. Data daceesed lest worked at this occupation (month and 1930 spent In this occupation (month and 1930 occupation)							
ion	m	Other Contributory Causes of importanca:						
instructions	12. BIRTHPLACE (city or town) / //// (Stata or country)	as cuma querous 29	ear,					
	13. NAME John Beauch ams	new court						
See i	14. BIRT IPLACE (city or town) Md	Neme of operation.						
S	(a) a of country)	Neme of operation Dele of Whet test confirmed diagnosis? Was there an eutopsy?						
nt.	15. MAIDEN NAME Fligabith Horsey	23. If death wes dua to externel causes (VIOLENCE) fill in also the following:	~					
ery important.	15. MAIDEN NAME Elizabeth Horsey 16. BIRTHPLACE (city or town) Mid	Accident, suicide, or homicide? Dete of injury, 19_						
	(State or country)	Where did injury occur?						
	17. INFORMANT July 13. Paull. (Address) Juliu Ded	(Specify city or town, county and State) Specify whelher Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.						
is ver	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury						
	Place Vacquer Dete Mal. / 1932	Natura of injury						
TION	19. UNDERTAKER L. W. Burbage (Address) Dulin M.	24. Was disease or injury in eny wey related to occupation of decaased?						
1	20. FILED Mass. 1, 1999 Thelen F. Haywar	(Signed) All Son Estate (Address) State Flash Flash	. M. D.					
11								

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
of importance were as follows: Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
BUREAU V.S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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V. S. No. 1

	F MAR'	YLAND-	CERTIFICATE OF DEATH	50
1. PLACE OF DEATH			22-0	0
County Worcester			Registration Dist. No.	
Village or City Pocomoke	City.	(if	No. R.F.D. # 2. St, death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where de-	ath occurred		ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Samuel Da	vid Sch	oolfield		
(a) Residence: No.			St., Ward.	
PERSONAL AND STATISTIC	(Usual place of		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
	5. SINGLE, MARI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH February 20th. 1936	3 Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha E. Schoolfield			22. Fil HERBBY CERTIFY 19th 1 attended Acea	111=1
6. DATE OF BIRTH (month, day, and year) Ma	y 15th.	1852	I last saw h. M. alive on F26- 12 - 1833; dea	th is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date steted above, at 2 a 50 Am.	
80 9	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	e of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Farmer	•	CEREFRAL HEMORRAYE	colonset
Mill, BANK, etc			WITH ARTERIO-Scheedsis No	m 198
10. Date deceased last worked at this occupation (month and 1925	11. Total ti	me (years) it in this life pation life		
12. BIRTHPLACE (city or town) Worcest (State or country) Wor	er Cour	ıty	Other Contributary Cause of importance: FENERAL Physical CAROMEN LAL	dem Als
تا اع Name Noah Schoolfi			VEV-1C, Fig	1074
14. BIRTHPLACE (city or town) WOP	cester Marvlar		Name of operation None Date of	
			What test confirmed diagnosis?	<u>y?</u>
15. MAIDEN NAME SUSAN SM 16. BIRTHPLACE (city or town) WORCE (State or country)	ster Co aryland	unty	Accident, suicide, or homicide? Date of Injury, Where did injury occur?	19
17. INFORMANT Sarah Hughe (Address) Focomoke Cit	S		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
Place O COMO Ke - City?M			Manner of injury	
19. UNDERTAKER REMONES TO (Address Ocomoke City.	ven	son	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILED Feb. 21, 1983 for	~ T /	Registrar.	(Signed) / Colomoke City, Ma	<i>д</i> м. D.

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Example I	il	Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage MAR 3 1953	July 5,1927	Peritonitis	3 days ago
BUREAU	. 2		
Other contributory causes of importance:	and the same	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	· 1 year

ADDITIONAL S	SPACE F	OR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(50)
County Workeste	Registration Dist. No. 35/
Village or City Andrew Mel	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth? wrs mos ds.
2. FULL NAME ONA 6 SIA	buck
(a) Residence: No. 931 St. Paul St. Bala	St., 177d. Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Versale (ORDIVORCED (write the word)	Julo 8 , 1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from 1937 to File 8 1933
6. DATE OF BIRTH (month, day, and year) 1100. 18-18)6	I last saw h. M. alive on Saus 2 , 1923 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 a m.
5.6 2 2,2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and second in this occupation (month and second in this occupation).	Carcinoma of bright 1930
9. Industry or business in which work was done, as SILK MILL,	1,10
SAW MILL, BANK, etc.	7
Date deceased last worked at this occupation (month and year) spant in this occupation occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) // Clary Carr of	
E	Name of a section
14. BIRTHPLACE (city or town) // any land	Name ef operation Dale of What test confirmed diagnosis? Was there an autopsy?
W 15. MAIDEN NAME Polyman & with	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Colored . Griffing 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
State or country)	Where did injury occur?
Oum Islanance Phillips	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Pacorno he and	opening whome, many eccurred in the botter, in nome, of the bellet pence.
18. BURIAL, CREMATION, OR REMOVAL , M. & bargiley	Manner of injury
Place Somow Hell Dale Fel. /2, 1983	Nature of Injury
19 UNDERTAKER Strange & Dring	24. Was disease of Injury In any way related to occupation of deceased?
(Address) Snow still md	If so, specify
20. FILED. 2/10, 1933 & & Roy Smith	(Signed) To Type M. D.
Registrar. If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of conset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage 4. A. A.	July 5,1927	Peritonitis	3 days ago
BURBAU V. 3.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state

PHYSICIANS

AGE should be stated EXACTLY.

properly classified.

pe

I in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

ż

TION is very important.

CAUSE OF DEA

See instructions on back of certificate.

Exact statement of OCCUPA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02158
1. PLACE OF DEATH	157-0
county Worcester	Registration Dist. No. 352
Village or City Ocean City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME no name, 1	aylor.
(a) Residence: No. Ocean City	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word)	21. DATE OF DEATH 2 3 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	2/3/33 19 19 2/5/33 19
6. DATE OF BIRTH (month, day, and year) 2/3/33	I last saw h con alive on 2/3/33, 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Tulmonary Stenoses birth
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and year)	
12. BIRTHPLACE (city or town) Ocean Oity	Other Contributory Causes of importance:
(State or country) Worcester	
13. NAME granville Daylor	
13. NAME Grawille Jaylor 14. BIRTHPLACE (city or town) William (State or country) Somerset Co	Name of operation
IS. MAIDEN NAME Lucy Elliott	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Lucy Elliste 16. BIRTHPLACE (city or town) Warrant (State or country) Somerset Co	Accident, suicide, or homicide?
17. INFORMANT granville Taylor (Address) Ocean Octor	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wenova Church Dete Slep 1983	Nature of injury
19 UNDERTAKER John W. Bitchard	24. Wes disease or injury in any way related to occupation of deceased? ?
eaks astern Jangarette Co grade	If so, specify
20. FILED 19	(Signed) M. D. (Address) Structure M. D.
A.G. Tara	

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUKA	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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DEATH

OF

CAUSE mation

LION

17. INFORMANT

should be

Registrar.

Manner of injury

Nature of injury

(Address) A. D. C.

24. Was disease or injury in any way related to occupation of daceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	WAR 8 1693	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			Ta/A Lacke	
				ecd.
Other contributory causes of importance:		Other contributory cau	ses of importance:	
Gallstones	May 1,1923			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12.00
County Warferfu	Registration Dist. No. 355
Village or City Hhaleyrille Marylan	Mo. St. 9 Ward
1 30 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred y	Was How long in U.S. it of toreign birth?yrsmosds.
2. FULL NAME To Jua / Villiam /	
(a) Residence: Wolffaleyrele Maylar	St., Ward.
(Usual place of abode)	if nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SINGLE, MARRIED, WIDOWED, OR DINGRED (write the word)	21. DATE OF DEATH Fet. 14 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of Many M. Wells	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, every May 22-1860)	Hast saw hame alive on 2-14 1933 doeth is said
6. DATE OF BIRTH (month, day, etd/yeer) // AGE Years Months Days It LESS than	to have occurred on the date steted above, at 73 m.
72 8 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
8. Trede, profession, or particular	were es tollows:
kind of work done, as SPINNER, / Lilia / f'olema	Correctly Advillation
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 3. Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc. 10. Date deceesed lest worked at this constraint of the data.	and a grante and a constant a con
SAW MILL, BANK, etc.	
10. Date decessed lest the dat this occupation desprises 1930 11. Total time (1975) spent in this occupation.	
12. BIRTHPLACE (city or town) Pulturille	Other Contributory Causes of Importence:
(State or country) Mayland.	Reselvat contation 1240
13. NAME Thomas Wells	Cuma compans
13. NAME 14. BIRTHPLACE (city or town) 15. CSate or country)	Name of operation Dete ot
(State or country)	What test confirmed diagnosis? Churcal Wes there en autopsy?
5 TS MAIDEN NAME Mucy Pakson	23. It death was due to external ceuses (VIDLENCE) fill In elso the tollowing:
5 16 BIRTHPLACE (city or town) V Whiteville	Accident, suicide, or homicide?
(State or country) Mayla	Where did injury occur?
17. INFORMANT HIS May M. Welle (Address) hardville mayland.	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE,
18. BURIAL GREMATION, OR REMOVALO	Manner of injury
Place gelous Un Date Del 1/1933	Nature of injury
10 HADERTAKED IL STATE & CO	24. Wes disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER Hollowy (Address) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	It so, specify
2 17 A Mello A 11	(Signed) Market Syrks 1 M.D.
20. FILED 2 1993 JALLA To NOWW.	(Address) Williams mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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I STEPPE AL	7. W. E			
Other contributory causes of important	ce:	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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		No. of the last of

MARGIN RESERVED FOR BINDING ITH UNFADING INK—THIS IS A PERMANENT RE

1. PLACE OF DEATH	
County Warlestes	Registration Dist. No.
Village or City Calonsal	No. St. V
Length of residance in city or town where death occurredyrsmo	f death occurred in a horpital or institution, give its NAME instead of street and number) s
2. FULL NAME Her When Hon	To the state of th
(a) Residence: No. 5/1 Laurele	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) William William Sex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jeb. 28 3 (Month) (Day) (Year
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Suran Whealton	22. HEREBY CERTIFY, That I attended decassed
6. DATE OF BIRTH (month, day, end year) 11 Aug 16 27 1661	I last saw harmalive on Jet 75 , 1933; death is
7. AGE 7/ Years Months Deys If LESS than I day,hrs.	to have occurred on the date stated above, at
8. Trada, profession, or particular kind of work done, as SPINNER,	Data of o
	Many
Industry or business in which work was done, as SILK MILL, France	
10. Date decassed last worked at this occupetion (month and year) (929	
12. BIRTHPLACE (city or town) Palamake	Other Catributory Causes of Importance:
(State or country) The	nefilmels
13. NAME Henry Wheallon	
4 14. BIRTHPLACE (city or town) falomos	Name of operation Date of
(Stete of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Leak Faire	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Jalana (Stata or country)	Accidant, suicida, or homicide?, 19
17. INFORMANT Elisha Wheallon .	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL md	Menner of Injury
Place Wordleren Te son Deta May 6 19 37	Nature of Injury
19. UNDERTAKER 19 / Stewart 200 d	24. Was disease or Injury In eny way related to occupetion of deceased?
20 FILED March 4 1923 Joffen T Roley	(Signad) Miles
Registrar.	(Address) Va Ju Car

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Example 1 Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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